| OIPE       | 20  |  |                      |                       |                          |     | ΡΔΤΙ                                     | ΕΝΤ ΔΡΙ  | PI ICATION           |  |
|------------|---|--|----------------------|-----------------------|--------------------------|-----|--|----------|----------------------|--|
| NON O B SO | FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER  |  |                      |                       |                          |     | PATENT APPLICATION Attorney's Docket No: |          |                      |  |
| MDA a a a  | Serial No.  |  | Filing Date Examiner |                       | 2813-L<br>Group Art Unit |     |  |          |                      |  |
| ENTA TRABE | 08/994,468  |  | December 19, 1997    |                       | P. Gambel                |     | Gloup Ait                                | 1644     |                      |  |
| · GIRAGE   | In Re Application of  |  |                      | IM Detricie Dealers   | _                        |     |  |          |                      |  |
|            | Stewart D. Lyman and M. Patricia Beckman  For   |  |                      |                       |                          |     |  |          |                      |  |
|            | MEDIUM CONTAINING FLT3 LIGAND FOR CULTURING HEMATOPOIETIC CELLS (as amended)  |  |                      |                       |                          |     |  |          |                      |  |
| •          |   | SIONER FOR PATE  ont(s) request(s) the following in the second in the se | following (          | extension of time und | er 37 CFR 1.136(a):      |     | F  | REC      | EIVEI<br>0 2003      |  |
|            | ☐ One   |  |                      |                       | 10                       |     |  |          |                      |  |
| ř          | Three months of original due date (\$950.00)  |  |                      |                       |                          |     |  | VUV 1    | 0 2003               |  |
|            | ☐ Four months of original due date (\$1,480.00) ☐ Five months of original due date (\$2,010.00)   |  |                      |                       |                          |     | THOM                                     | A        |                      |  |
|            | <ul> <li>✓ A response in connection with the matter for which this extension is requested:</li> </ul>   |  |                      |                       |                          |     |  |          | R 11 <b>60</b> 00/22 |  |
|            | · ·   | led herewith.  |                      |                       | ·                        |     |  |          | ,,_0                 |  |
| •          | ☐ has   | been filed.  |                      |                       | •                        |     |  |          |                      |  |
| 4          |   |  |                      |                       | application, the prior a |     |  | n expres | s                    |  |
| •          | abandonment conditioned on the granting of a filing date to the continuing application.  The accompanying papers include amended claims for which no additional fee is required.  |  |                      |                       |                          |     |  |          |                      |  |
|            | š   |  |                      |                       |                          |     |  |          |                      |  |
|            | CLAIMS AS AMENDED   |  |                      |                       |                          |     |  |          |                      |  |
|            | (1)   | (2)  | (3)                  | (4)                   | (5)                      | T   | (6)                                      |          | (7)                  |  |
|            |   | Claims remaining   |                      | Highest number        | No. of Extra             |     |  | 4        | Additonal            |  |
|            | Total Claims  | After amendment  | Minus                | Previously paid for   | claims present<br>0      | X   | Rate<br>\$18                             |          | Fee<br>\$ 0.00       |  |
|            | Indep. Claims   | *  | Minus                | *** =                 | 0                        | x   | \$86                                     | =        | 0.00                 |  |
|            |   | ce of a multiple dep   | endent cla           |                       |                          | +   | \$290                                    | =        | 0.00                 |  |
|            | Total Additional Fee for this Amendment   |  |                      |                       |                          |     |  |          | \$0.00               |  |
|            | <ul> <li>If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</li> <li>The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</li> <li>The following other fees are incurred by the accompanying papers.</li> </ul> |  |                      |                       |                          |     |  |          |                      |  |
|            | Other:  |  |                      |                       |                          |     |  |          |                      |  |
|            | Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$420. A duplicate copy of this petition is attached.   |  |                      |                       |                          |     |  |          |                      |  |
|            | ☑ If an additional extension of time is required, please consider this a request therefore.   |  |                      |                       |                          |     |  |          |                      |  |
|            | □ The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.      □ Please Send Future Correspondence To: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □  |  |                      |                       |                          |     |  | <b>;</b> |                      |  |
|            |   |  |                      |                       |                          |     |  |          |                      |  |
|            | Immunex Corporation  Law Department  Attorney/Agent for Applicant(s)  Attorney/Agent for Applicant(s)   |  |                      |                       |                          |     |  |          |                      |  |
|            | 51 University Street Registration No.: 38,207 Seattle, Washington 98101 Phone: (206) 265-4145   |  |                      |                       |                          |     |  |          |                      |  |
|            | (206) 587-0430  |  |                      |                       | ate: November 3, 20      | 003 |  |          |                      |  |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.